

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 02-076-DIV
		First Inventor or Application Identifier KAWAKAMI et al.
		Title MOTOR HAVING ROTATABLE SHAFT COUPLED WITH WORM SHAFT
		Express Mail Label No. _____

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 51]</p> <ul style="list-style-type: none"> -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 16]</p> <p>4. Oath or Declaration [Total Sheets 5]</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed) <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 			
<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p>			
ACCOMPANYING APPLICATION PARTS			
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) Assignee: ASMO CO., LTD.</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>13. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p>			

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

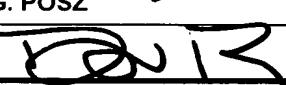
Continuation Divisional Continuation-in-part (CIP) of prior application No: **10/120,543**

Prior application information: Examiner **MOHANDESI, Iraj A** Group/Art Unit: **2834**

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23400 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State	Zip Code		
Country		Telephone	(703) 707-9110		Fax (703) 707-9112

Name (Print/type)	DAVID G. POSZ		Registration No. (Attorney/Agent)	37,701	
Signature					Date February 24, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770)

Complete if Known

Application Number	
Filing Date	February 24, 2004
First Named Inventor	KAWAKAMI et al.
Examiner Name	
Art Unit	
Attorney Docket No.	02-076-DIV

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account

50-1147

Deposit Account Number

Deposit Account Name

POSZ & BETHARDS, PLC

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 770)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims		Fee from below	Fee Paid
		7	1	0	18
				0	0
				0	86

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

** or number previously paid, if greater; For Reissues, see above

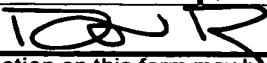
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature				Date	February 24, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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